



BEYOND BOUNDARIES

A Development Approach to Improving Inter-Agency Working
EXECUTIVE SUMMARY



SCOTTISH EXECUTIVE

Making it work together

EXECUTIVE
SUMMARY

DELIVERING “OUR NATIONAL HEALTH” THROUGH STRUCTURED DEVELOPMENT SUPPORT

“Many people and organisations contribute to the development of health and to the delivery of health services. The quality, speed and responsiveness of the journey is determined by how effectively these different people and organisations work together.”

Our National Health 2000¹

The need to develop effective joint working between care agencies is recognised within the health sector as an essential foundation to improve services for local people. This imperative from the Scottish Executive, expressed through “Our National Health”, requires the development of new models of joint working, between professionals, between professionals and the public, and across organisational boundaries in the public sector.

“It is not just the NHS which provides health care services. Local Authorities, voluntary organisations, independent providers and community health groups all have key roles to play. We expect the NHS to adopt a holistic approach to the delivery of healthcare and to work closely with a range of others to meet local needs effectively.”

Our National Health 2000

BACKGROUND

The Scottish Executive Health Department has identified, as a key priority, the need to support health care organisations to develop and accelerate partnership working both within the NHS and across other agencies.

In September 2000 the Strategic Change Unit started working with three Local Health Care Co-operatives (LHCCs) across Scotland to pilot development approaches to partnership working to improve local services.

The inter-agency pilot project was designed to improve joint working between public sector agencies in order to deliver specific service improvements. It endeavoured to help pilot sites to identify and tackle the challenges of inter-agency working, and agree shared local action plans.

It became clear during the pilot work that the experiences of individuals and organisations that emerged are not unique to LHCCs and consequently:

Learning from the pilot sites is transferable to other situations involving cross boundary working.

¹ Scottish Executive (2000) “Our National Health: A plan for action, a plan for change” Scottish Executive Health Department

THE LHCC PILOT SITES

Each pilot site was introduced to the project for different reasons. Two were building from the basis of an agreed strategy for specific services, and sound and mature relationships between the partner organisations at both strategic and operational levels. They saw the opportunity to identify and learn from their successes and to extend this success into other service areas. Equally, they recognised that to achieve lasting partnership across the whole of the local health and care system, they needed to identify and address the barriers that were preventing them from taking the next steps. In particular, to involve agencies beyond health and social care, and to integrate users and carers into the decision-making and implementation processes.

One site saw the project as primarily a development tool for tackling the perceived organisational differences that existed within the health and social care system. They identified barriers between and within the organisations responsible for planning and delivering services and deploying resources across primary, community and social care services. The different geographical, social and client groups in each site provided a cross section of demographic characteristics.

The pilot sites were:

Airdrie LHCC	Services for Older People
East Highland LHCC	Services for Older People
Glenrothes Area LHCC	Drug and Alcohol Services

THE RESOURCE GUIDE

The Resource Guide summarises the outcomes and captures the learning/themes from the three pilot sites. Each theme is illustrated with specific examples from the pilots and with quotes from managers, clinicians, users, carers and facilitators who participated in the work. These are included in the shaded boxes in the text.

Part A: Summary of the Development Approach in each Pilot Site and the Learning Points

The themes include:

Building effective partnerships
Using a development approach to support inter-agency working
Roles and responsibilities
Involving users and carers
Facilitation of the development events
Achieving long-term commitment to the process

This Guide provides a “snapshot” of the learning from the pilot sites, at a point in time. Each of the sites has continued with their local initiatives beyond the formal completion of the pilot project.

Part B: Guide for Managers and Organisation Development Practitioners

Aims to provide assistance/advice for managers, developers, and trainers who wish to use a development approach to support partnership and inter-agency working.

The approach taken by each pilot site required a high level of understanding and skill in organisation development by the project co-ordinators. The Resource Guide will help you to determine whether you have the necessary skills to lead such a project yourself or identify who in your organisation has the necessary skills.

INTER-AGENCY WORKING – DIFFERENT APPROACHES

Effective inter-agency working is not solely dependent on adopting a development approach. Within Scotland, other approaches, such as joint training and learning opportunities for staff and also designed healthcare initiatives, are well under way.

Joint Learning

There is evidence of good practice in partnership working in Scotland from which we can learn. For example "Learning Together: A Strategy for Education and Training and Lifelong Learning in the NHS in Scotland", provides a framework to improve the existing education, training and development opportunities for **all** staff. An Inter-Agency Project Group was set up to examine the extent of joint working and learning between care agencies, engaging with local authorities, voluntary and private sectors. A range of joint learning initiatives has been identified and more work is underway to identify priority development areas still to be addressed locally and nationally.

Designed Healthcare

The redesign philosophy concerns itself with the radical rethinking and design of healthcare processes to achieve dramatic improvements in the efficiency and effectiveness of those systems that deliver care. The key aim of the methodology is to adopt a whole systems approach and, therefore, to improve the quality and experience of care for patients across the complete journey from primary care through to secondary care sector and back into the community. The objective being to streamline services in order to reduce waits and delays, to speed up access to diagnosis and care and to improve communications between staff, patients and carers. Tackled in parallel with the patient journey are the professional demarcation boundaries, which create inefficient processes and the bureaucratic structures that support them.

A DEVELOPMENT APPROACH TO INTER-AGENCY WORKING

Research shows many initiatives that adopt a policy or structural approach to change, without addressing the cultural and behavioural issues, have failed to reach a successful, long-term conclusion.

*"Despite the good work put in, the project can be seen, with hindsight, to have never been capable of achieving the ambitious agenda set out for it ... at an early stage in the project a diagram was devised ... to encapsulate the key themes that were likely to emerge ... these included co-ordination, communication and continuity. All these were indeed important. But this was too mechanistic a view and missed a key factor: culture and ethos... The emphasis from the evaluation on culture might seem trivial. It is not. It is fundamental to joint working in any sphere."*²

Each pilot site engaging in this project could identify local examples of good practice in inter-agency working. However, they recognised that in order to achieve long-term, sustainable change in services across the care spectrum, each agency must learn to value and work with the diversity that they encounter in other agencies.

The common theme within each pilot site was that they wanted to engage with partners in the local health and care system to:

- increase their understanding of the service improvement issues;
- identify the characteristics of successful collaborative working;
- identify the blockages that were preventing them from extending partnership working.

The aim was to develop joint strategies to accelerate inter-agency working across the wider health and care system.

Each pilot site tried to help local professionals, users and carers to make connections and find sustainable solutions to local complex multi-organisational problems.

² "Developing Multi-Agency Assessment and Initiation of Care for Older People with Mental Health Problems in Lanarkshire: Project Report and Evaluation" (2001) Lanarkshire Health Board, Lanarkshire Primary Care Trust, North Lanarkshire Council, South Lanarkshire Council. Available from the Department of Public Health, Lanarkshire Health Board

BENEFITS IDENTIFIED BY THE PILOT SITES

1. Understanding Roles and Improving Communications

Participants from all sites indicated that they had developed a greater understanding of roles and responsibilities across professions and agencies. Participants were encouraged to understand each other's cultures. This led to a greater acceptance of how people from different agencies and, most importantly, users and carers, actually view service issues and problems.

“The workshop set a foundation for greater understanding which allowed initiatives to proceed with more ease”

“We had an improved understanding of the role of the agencies, particularly those within the statutory sector”

“As a consequence, GPs are beginning to forge new and closer working relationships with the new consultant”

“Communications between agencies and sectors (statutory and voluntary) have improved.”

2. Agreeing Strategic Priorities

The development process provided a structured period of time when everyone could review current strategies and local priorities.

“The development workshop was instrumental in changing the focus and organisation of the DAAT”

“It helped DAAT to develop its corporate plan and prioritise issues”

“By participating it helped me to achieve a greater level of understanding of planning and implementation constraints that exist within other services.”

3. Delivering Service Improvements

A number of service benefits were identified.

“Users are being trained alongside staff in drug and alcohol addiction services, enabling increased education amongst users”

“An alcohol advisory service is working in partnership with the accident and emergency services to promote the voluntary sector services”

“A funding bid for integrated health and social care delivery of services resulted from one workshop”

“Joint training initiatives have increased”

“A multi-agency task group are implementing a joint assessment tool for older people’s services”

“A review of access to health and care services for older people is underway with the intention of changing access to benefit patients and use scarce resource more effectively.”

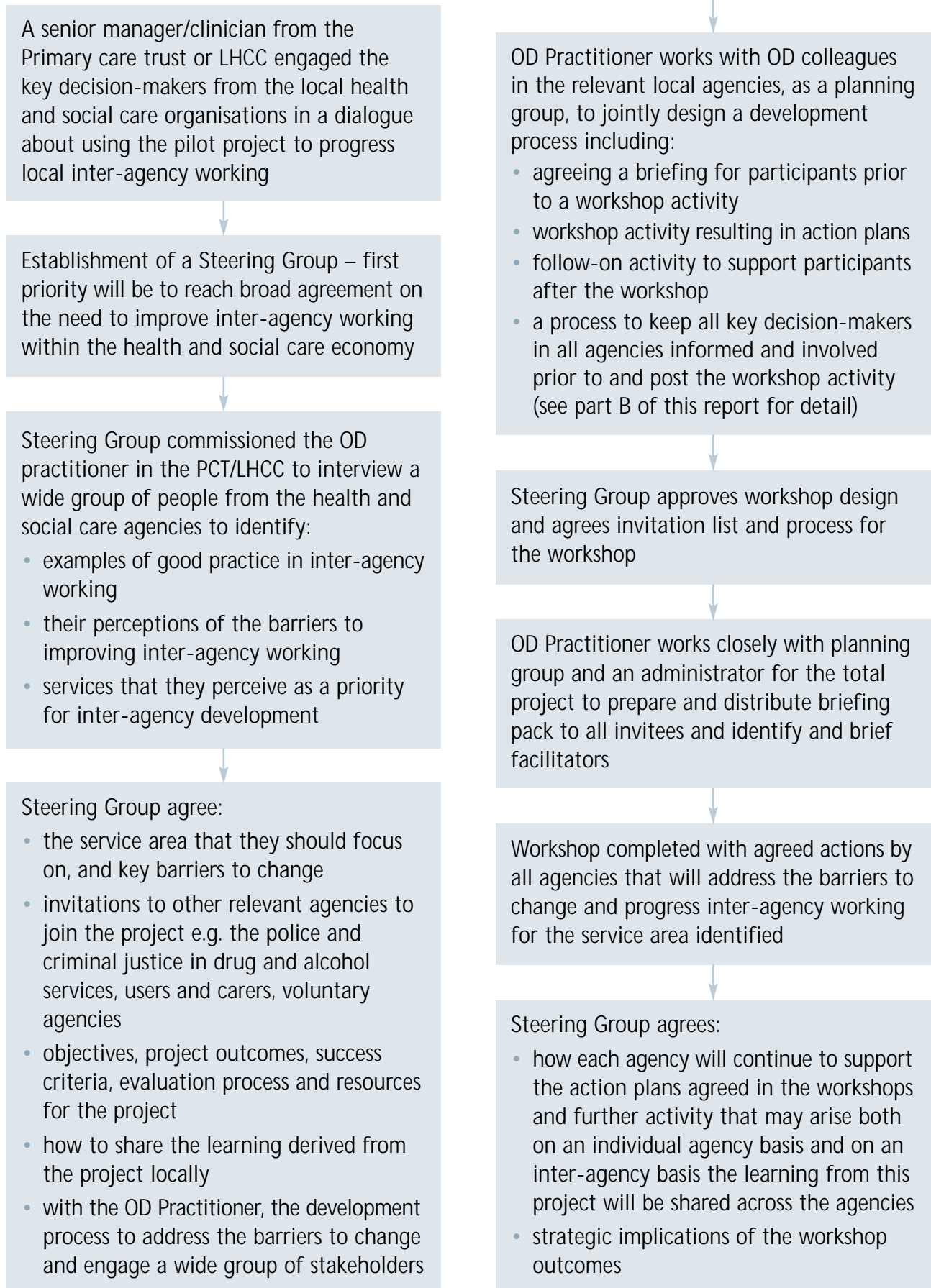
4. Focusing on Inter-Agency and Inter-Professional Working

There was an awareness by clinicians, health and social care practitioners and managers, of the need to work across boundaries to improve the patient’s journey and the delivery of services/care for patients. There was also a clear recognition that joint working requires a time commitment in order to build new relationships and deliver agreed outcomes.

“The event highlighted the need for multi-agency working. There was also a greater understanding of the realities in terms of time constraints, decision-making and resource implications. It was an extremely valuable experience”

“We clearly identified the need for a team approach, involving a range of professions and agencies, to make this work.”

The development approach explained – In summary, each site followed the same steps:



RECOMMENDED RESOURCES

Heron J (1999) *The Complete Facilitators Handbook* Kogan Page

Loxley A (1997) *Collaboration in Health and Welfare* Jessica Kingsley Publications

Margulies N & Adams J (1988) *Organisational Development in Health Care Organisations* Addison-Wesley

Pratt J, Plamping D and Gordon P *Partnership: Fit for purpose* Kings Fund

Pratt J, Gordon P, and Plamping D (1999) *Working Whole Systems: putting theory into practice in organisations* Kings Fund

Sainsbury Centre *Taking Your Partners: using opportunities for inter-agency partnership in mental health* (2000) The Sainsbury Centre for Mental Health

Scottish Executive Health Department (2001) *Organisational development in the NHSiS: Recognising Roles, Skills & Capability* Organisational Development Practitioners Working Group with the Strategic Change Unit

Smale G (1998) *Managing Change Through Innovation* The Stationery Office

Stacey RD (1996) *Strategic Management & Organisational Dynamics* London, Pitman

ACKNOWLEDGEMENTS

Many people have committed a considerable amount of time, energy and enthusiasm to the three pilot projects. We would like to acknowledge the contributions of staff from Fife Primary Care NHS Trust and Glenrothes LHCC, Highland Primary Care NHS Trust and East Highland LHCC, and Lanarkshire Primary Care NHS Trust and Airdrie LHCC.

There has also been an invaluable contribution made by many staff and managers from the wide range of organisations and agencies involved in supporting and providing health and care services to the local populations of these LHCCs.

We would like, in particular, to acknowledge the invaluable contribution by Anne Tofts of Healthskills, both to the delivery of the learning events and the composition of this Resource Guide.

In particular, we would like to acknowledge the invaluable involvement of the Users and Carers in the development events.

RESOURCE GUIDE
SUMMARY OF LEARNING POINTS

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LEARNING FROM THE PILOT SITES

Each pilot site followed a similar approach in the preparation, design and delivery of their project to improve inter-agency working which is summarised in Figure 1.

The teams involved in the pilot sites identified the following prerequisites for achieving improvements in inter-agency working.

Gaining involvement from all agencies involved in the service

It took considerable effort and time to gain the commitment and direct involvement of all agencies involved in the delivery of the service that the pilot site focused on. Where an agency was absent during the development process it meant that understanding and agreements between agencies were difficult to implement. For example, in one pilot site, it became apparent at the beginning of the development process that the ambulance service plays a key role in supporting older people in the community and is a key phase in the patient's journey. They had not originally been included in the development process and were consequently absent from the workshop. It soon became clear that their involvement is essential to gain a full picture of the patient pathway.

Ensuring long-term commitment of key decision-makers

Participants in each of the pilot sites invested time and resource because they shared a vision of achieving long-term, fundamental change in the way that agencies worked together locally. To sustain that level of change it is critical for those in leadership roles in each agency to demonstrate a high level of commitment over a period of time. This, in turn, needs the support of key decision-makers in all the agencies to recognise it as a priority for its duration.

The 'multi-agency agenda' is one that must be jointly and equally owned by all parties. The new membership of the NHS Boards facilitates a multi-agency approach to the strategic health improvement and health care agenda. However, this can become an issue at both local and national levels where a natural multi-agency forum or single focal point for development initiatives does not exist.

Meeting the stakeholder's agenda

Time spent researching each stakeholder's perceptions of the key issues and priorities enabled project teams to relate the development intervention to each stakeholder's agenda. This ensured that the event was positioned to meet local priorities for all participants. Stakeholders participated because they perceived benefits for themselves as well as for the Primary Care Trust/LHCC that initiated the project.

Users and carers are the most important stakeholder groups. However, for many busy professionals and specialists it is often difficult to understand and grasp user and carer issues and requires a high level of interpersonal skill.

Clarity about the objectives of the process

Achieving clarity about the objectives and expected outcomes of the project with key decision-makers in all the participating organisations took time but was essential to the success of the process. The steering group became an important vehicle to discuss and agree objectives and success criteria.

A firm foundation of joint working

Participating agencies should identify and acknowledge existing local good practice in joint working. This enabled the project to build on existing relationships locally, both at a strategic or operational level. It is important to continually feedback to all stakeholders at all levels in the participating organisations on progress towards meeting the objectives – communicating successes, potential

barriers and action plans. Closing the communication loop is vital to success. This may be more straightforward for statutory agencies within the health and care system. However, equally important but much harder to achieve, is the need to include users, carers and voluntary agencies in the feedback loop.

Planning

Establishing a steering group for each pilot site, that was representative of all the participating agencies, helped to ensure that the development process was not perceived to be excessively health dominated. It took time to ensure that everyone had a full understanding of the key issues. Although this planning phase took a long time it was fundamental to the success of the process.

Involving users and carers

Users and carer perspectives and ideas were present at each event, either by their direct involvement or by ensuring the users/carers voices were heard. This had a significant impact in each site helping to focus time and attention on issues that were perceived as a priority for users/carers as much as for professionals.

All the pilot sites were effective in involving users and carers in the development workshop. However, it is harder, but as important, to also involve them in the ongoing service improvement activity following the workshop.

Organisation Development – capacity and capability

Each project needed internal Organisation Development support. A consistent OD resource could not be identified in each participating agency to support the project throughout its duration. The pilot sites found this difficult – many agencies do not have an OD resource, and ensuring continuity in those that do became a problem because of staff turnover and work commitments.

Empowering staff and users/carers

In each pilot site the staff and users/carers involved in the workshop activity became enthused and motivated to continue their work and learning beyond the workshop to achieve inter-agency service improvements “on the ground” as well as influencing the strategic planning processes. It was important that all staff, users and carers were empowered to continue to work locally to challenge the *status quo* and achieve change. Empowerment included visible support from senior managers/clinicians, access to resources to release time, access to skilled facilitators, delegation of decision-making and identifying the inter-agency development work as a personal work objective and priority.

The workshops opened up new networks for staff, users and carers – helping to facilitate contact and joint working groups post the development event.

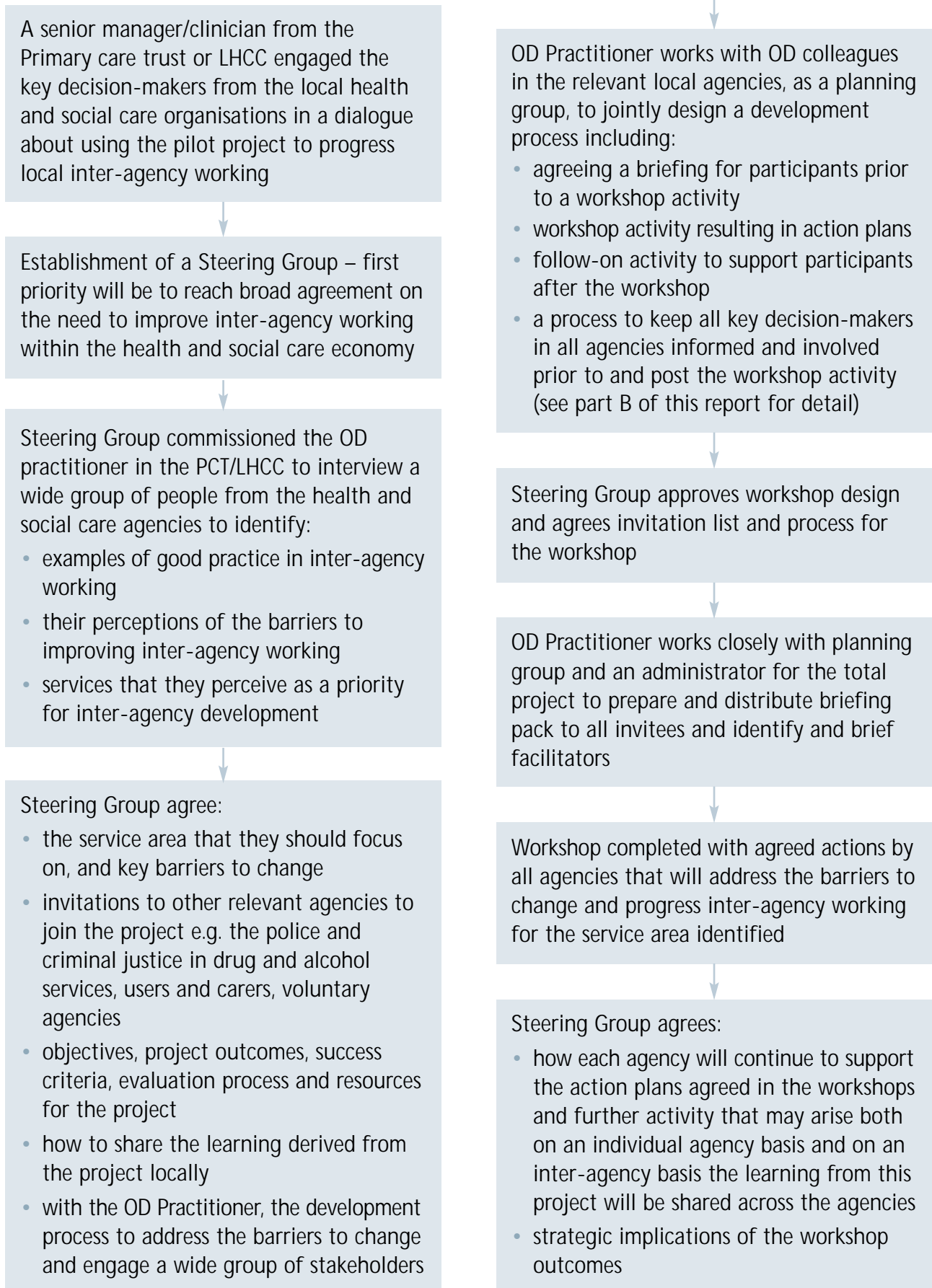
Language

Use of “language” that is appropriate for the individual. Every organisation and profession develops its own jargon and language. To be effective in our communications we need to be aware of the audience and communicate in their “language”. For example, in trying to engage the Chief Executive of the Primary Care Trust it is likely that he/she will relate to a different “language” to the co-ordinator of the local Voluntary Organisation.

“The solution is not to translate NHS speak into user-friendly public documents – there isn’t the time ... The solution is to encourage a culture where we choose the right words and phrases from the beginning, where we write and speak the language our wider audience recognises and uses ... let us talk of changes, not re-configurations.”¹

¹ “Clarity begins at home” Health Service Journal, 5 March 1998 pp. 28-30

FIGURE 1: Overall approach adopted by each pilot site



SUMMARY OF PILOT SITES

AIRDRIE LHCC

The Airdrie LHCC multi-sector workshop took place over two days and was attended by 34 participants.

The event was designed and organised by a Steering Group led by the LHCC Chair and consisting of representatives from social work, health and users. The workshop was run by four facilitators, two from health services and two external.

34 participants were drawn from managers and staff from social work, primary care, acute care, the local hospice and from the Primary Care Trust. Four carers and two representatives from the Local Health Council also participated.

Project Aims

The aim of the event was to improve inter-agency working with the over 65 patient group. It was decided to focus on those at risk from admissions to hospital or other facilities due to a change in their health and social circumstances. This topic was chosen because it is a key client group for all agencies and there was recognition that services could be enhanced by better multi-agency working.

The specific objectives identified by the steering group were to:

1. Test systems and processes which affect inter-agency development work
2. Improve operational effectiveness for those patients, service users receiving health and social care support through:
 - Working together
 - Best use of resources
 - Better and quicker decision-making
 - Reducing bureaucracy
 - Delegating decision making to front-line staff
 - Consistency of approach across different agencies and professional staff groups
3. Use the project outcomes to inform wider development work throughout Airdrie
4. Identify management development and other training needs

Workshop

The programme was designed to allow participants to discuss the current reality as well as work on the key actions which need to be taken forward to improve and develop joint working in this area.

Participants identified 13 key action points and defined the actions that could be progressed in the short term and those with a more long-term focus. Action plans for five short-term priority areas were developed:

1. Integrated assessments
2. Sharing good practice and improving communications across professional boundaries
3. Improving access to equipment
4. Improving information about services
5. Multi-Agency education and training

A participant was assigned to each priority area to co-ordinate the work and provide a more detailed project plan in the next two weeks. Long-term actions were identified along with responsibilities for scoping out a detailed action plan in the coming months.

Follow-up

It was agreed at the two-day event that it would be important to come together and share the experience of working on the action plans. The aim was to provide a feeling of momentum and forward movement to the planned service developments. The one-day workshop took place four months after the first event and was a useful forum for participants to share progress and discuss successes and also difficulties as the action plans were being implemented.

Evaluation

Participants were interviewed prior to, during, and after the Development Workshop. This is to be followed-up with further interviews to review the longer-term changes. The evaluation is seeking to gather evidence of tangible service improvement, and also changes in attitudes and behaviours within each agency to interagency working.

Initial evaluation has been positive, identifying an increased understanding of roles and cultures across professions and boundaries and tangible project outcomes.

EAST HIGHLAND LHCC

The East Highland LHCC multi-sector workshop took place over two days and was attended by 36 participants.

A design team led by the Development Director in the Highland Primary Care Trust, and consisting of representatives from both the Trust and Social Work Departments in the area, took responsibility for the overall planning and preparation for the event. A team of five facilitators – one from the Strategic Change Unit (SCU), two from Highland Primary Care Trust and two from the Local Authority undertook the detail of organising and facilitating the event.

Participants included:

- Managers, GPs, Nurses, Therapists from the PCT, Staff (nurse and consultant) from Highland Acute Trust, a Manager from Highland Health Board
- Managers and Staff from Social Work
- A representative from the Housing Department and a private nursing home
- User representatives from the Local Health Council, Age Concern and Highland Community Care Forum

Project Aims

The focus of the event was services for the elderly in the East Highland LHCC area. Following data collection involving 14 participants it was decided to work in detail on two areas:

- a. Falls and the prevention of falls
- b. Discharge from hospital and keeping people at home

These had emerged as priorities for those attending the workshop but other “soft” issues were also identified as being important:

- Understanding of each others roles and responsibilities
- Understanding and sharing attitudes and values
- Building relationships

Workshop

A programme was developed to include adequate opportunities for addressing the “soft” issues and to develop a concrete action plan to address service issues related to services for elderly people.

An action plan consisting of approximately 20 areas for future work was identified and the afternoon of day two was spent in groups working on four of these actions:

1. Community development using local informal resources
2. Development of advocacy
3. Development of community rehabilitation teams
4. Development of multi-disciplinary community team with joint, devolved budget

Evaluation

Detailed evaluation will take place but initial feedback suggests this was a successful event that created some optimism that actions will be taken forward. There appears to be confidence that this will not have been “yet another talking shop”.

As an outcome of the workshop small multi-professional, and multi-organisational groups continued to work on the four areas for action identified on day 2. These groups reported progress to a Review Day held two months later.

GLENROTHES AREA LHCC

Seventy-five participants attended the Glenrothes LHCC multi-sector workshop, which took place over one-and-a-half days, with a break occurring between day 1 and 2, within Glenrothes area.

The event was organised by the steering group led by the LHCC Chair and including representatives from Fife PCT, the Drug and Alcohol Action Team (DAAT), the Police and the Director of the Social Work department of the Local Authority. The Organisation Development Manager for Fife PCT co-ordinated the work.

The team of facilitators was drawn from the Primary Care Trust, Fife Council and the Scottish Executive, Strategic Change Unit.

Participants were drawn from the Health Board, Primary Care Trust, Community Services, Acute Trust, Education, Housing, Social Work, Criminal Justice, Police, Voluntary Organisations and DAAT.

Participants included front-line workers, managers, chief executives and directors, advocates, users and carers.

Aims

Partner agencies in Glenrothes wished to take joint responsibility for translating the National Strategy "Tackling Drugs in Scotland: Action in Partnership (1999)" into action. There was perceived to be a history of effective joint working between operational staff of the health and social care agencies. However, all agencies recognised a need to:

1. Develop a better and shared understanding of other agencies
2. Tackle the organisational and strategic differences between, and within, the partners whose responsibility it is to identify priorities, plan and deploy resources for Drugs and Alcohol Services
3. Improve the involvement of Users and Carers in decision-making processes

Workshop

The intention was to take a long-term view to achieve improvements in inter-agency working. It was anticipated that whilst changes might be achieved in the short-term at operational level, changes in strategic planning and decision-making would inevitably require at least a year to implement and embed into the existing systems.

A two-day event was planned as a lever to increase awareness and understanding of the issues and potential blockages to change, It also was intended to stimulate momentum from key players from a range of agencies to achieve long-term changes.

The programme for the two-day event included:

- **Discussion groups** to enable individuals within the groups to develop a better knowledge and understanding of each other and the issues involved
- **A Simulation exercise** to encourage participants from a range of agencies, users and carers to agree objectives and reach decisions in tight time constraints

Evaluation

Participants have responded to a questionnaire five months after the event. This evaluation suggests that the development process has led to increased communications and understanding of roles and responsibilities across agencies, a change in the focus and organisation of the DAAT, the involvement of users in joint training with staff, and other service improvement initiatives.

RESOURCE GUIDE
FOR MANAGERS AND ORGANISATION
DEVELOPMENT PRACTITIONERS

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BUILDING SUCCESSFUL PARTNERSHIPS

A review of the literature highlights criteria that underpin sustainable, effective partnership working. The Sainsbury Centre¹ suggests nine criteria for effective integration across boundaries within the health and care system (Figure 1).

FIGURE 1: Issues that underpin effective joint working

- Strategic objectives that are shared across partner organisations. These should be expressed in terms of the outcomes for services and service users
- Leadership in all organisations that is committed to, and can sustain, long-term change
- A reasonable history of successful joint working either at a strategic or operational level
- Communications between organisations that are reasonably open, with a willingness to exchange information freely; often expressed through the use of a shared language
- A shared user focus across the agencies which underpins joint working
- An understanding and respect for each other's cultures. For example, Local Authority colleagues need to understand the NHS culture which is generally centrally driven, and NHS colleagues need to understand the politically driven culture of Local Authorities
- The engagement of professional and clinical stakeholders across all agencies. This may require a strategy to involve and gain commitment from senior clinicians and practitioners
- Trust is vital for partnership working. All organisations have a history; there may be prior problems and perceptions to be resolved before mutual trust can be built. Individuals within different organisations may have different values that underpin their work, and may find it difficult to understand other's values
- Coterminosity of the relevant organisations can help to prevent gaps in resource issues and decision-making, although it is not essential

Each of the nine criteria is important, and needs to be considered and addressed individually. The following is an example of inter-agency approaches to service improvement that adopted a policy or structural approach, without addressing the cultural and behavioural issues highlighted in Figure 1. Rarely have such approaches been successful.

*"Despite the good work put in, the project can be seen with hindsight to have never been capable of achieving the ambitious agenda set out for it ... at an early stage in the project a diagram was devised ... to encapsulate the key themes that were likely to emerge ... these included co-ordination, communication and continuity. All these were indeed important. But this was too mechanistic a view and missed a key factor: culture and ethos ... The emphasis from the evaluation on culture might seem trivial. It is not. It is fundamental to joint working in any sphere."*²

Partnership working is a continual journey. In Northern Ireland, after nearly 30 years of structural union between health and social care, "there still tends to be considerable inter-professional rivalry ... [and] ... the principle of multidisciplinary working may be stronger at strategic rather than operational levels".³

¹ "Taking Your Partners: Using opportunities for inter-agency partnership in mental health" (2000) The Sainsbury Centre

² "Developing Multi-Agency Assessment and Initiation of Care for Older People with Mental Health Problems in Lanarkshire: Project Report and Evaluation" (2001) Lanarkshire Health Board, Lanarkshire Primary Care Trust, North Lanarkshire Council, South Lanarkshire Council. Available from the Department of Public Health, Lanarkshire Health Board

³ Campbell J & McLaughlin J. "The 'joined up' management of adult health and social care services in Northern Ireland: lessons for the rest of the UK?" *Managing Community Care* 2000. 8(5): 6-13 pp 11

Valuing the Differences

A review of the literature highlights that one of the main barriers to effective partnership working is our failure to recognise, understand, or value, the diversity of cultures we encounter. Each organisation and each profession that participated in the pilot project sites brought with it its own values, beliefs, and attitudes, in other words, its own culture.

Each of us also carries perceptions of the prevailing cultures in other organisations. The facilitator teams found that they had to overcome their own prejudices and stereotypes to be able to work effectively with the diverse range of people and their cultures.

Partnership working becomes effective and visionary not only when we reach the point where we are not attempting to convert another culture to our own, but also when we value the diversity and seek to encourage and build on that diversity.

USING A DEVELOPMENT APPROACH TO SUPPORT INTER-AGENCY WORKING

How can a development approach support inter-agency working?

Development approaches to achieving change in organisations encompass a range of methods including leadership development, service design and joint training. The approach that the pilot sites took was one of organisation development (OD).

Organisation Development (OD) is a generic term embracing a wide range of interventions aimed at the development of individuals, groups and the organisation as a whole system. It is concerned with attempts to improve the overall performance and effectiveness of an organisation, through a process of planned change and development.

"I've been thinking about OD. It seems a strange subject to study because surely organisations can't develop... I suppose it depends on the strict use of words but it is the people who make up the organisation who are developing... So OD is really all about the actions, behaviour and performance of people?"⁴

Within the Health Service the term OD is sometimes used to mean change in only organisational structure and decision-making processes. Whilst the nature of such changes sometimes achieve short-term improvement they rarely achieve the long-term change in attitude, values and behaviour that are required if partnership working is to become the norm and be sustained through periods of scarce resource and difficulty.

In seeking to develop effective partnership working across organisations we are working with the whole system and its diversity in organisational models (policies, procedures, structures, culture, behaviours, etc. (Figure 2).

The literature provides many examples and experiences of using OD approaches within a single organisation setting. Useful references are included in "Appendix 2: Recommended Resources and Further Information".

⁴ Mullins LJ (1999) *Management and Organisational Behaviour* FT Pitman Publishing

FIGURE 2: A model of organisational performance and change



The principles of OD:

“Whole System Working’ shifts the focus from the parts to the ‘the whole’ and offers a set of practical working methods to influence the way ‘the parts’ connect and behave towards each other. ... It is an approach to organisational development that views groups of people who come together around a shared purpose as living systems.... If you see things operating as a living system then you recognise many interconnected parts that make up ‘a whole’ which is capable of adapting and evolving ... if you don’t like the way the system is organising itself, you need to encourage it to behave in a different way. That means you have to intervene at a system-wide level because you know that concentrating on the parts alone won’t deliver the overall change you are seeking.”⁵

The concept of the formal and informal organisation illustrated in Figure 3 provides a useful framework to understand the place of OD interventions in addressing the barriers to change that are likely to be encountered when seeking to develop organisations within a partnership.

FIGURE 3: the Lysons’ model of the formal and informal organisation



Lysons K *Organisational Analysis*
 Supplement to the British Journal of
 Administrative management no. 18
 March/April 1997

⁵ Pratt J, Gordon P, Plamping D (1999) *Working Whole Systems – putting theory into practice in organisations* Kings Fund

Why do more than create a policy?

There are many examples of organisational and service improvement strategies that have experienced minimum success at the implementation stage, resulting in short-lived changes in practices or behaviours in service delivery. The literature quotes many examples of policy implementation that have met with resistance at the implementation stage.

Our experiences are that to achieve change within a single organisation is a difficult enough task. Achieving it within a whole health and care system means tackling complex and challenging issues involved in crossing organisational and professional boundaries. Overcoming differences in language, values, culture, decision-making processes, and communication and information systems, requires a sophisticated and sustained intervention that supports the organisation and the people working within it to change.

This project piloted the use of an organisation development intervention to improve inter-agency working. The project sought to help:

- Senior managers understand the complexity of achieving change across the whole system
- Individuals from a range of agencies and professions understand and value each other's cultures
- Work with whole organisations to effect long-term, sustainable service improvement

Models of Organisational Performance and Change

In a single organisation it is difficult for a senior manager to take an overview of the whole system within that organisation and lead and manage change.

Burke and Litwin's model of organisational performance and change⁶ (figure 2) illustrates the complexity of the change process. The model promotes the need to work with the many facets of an organisation in parallel.

This becomes increasingly complex when working on an inter-agency basis. No single person has the overview of the whole system, and can direct change and achieve it through strategy or structural changes.

A development approach to partnership working across the whole health and care system is a way of helping all the key decision-makers to understand the component parts of the system. It enables the wide range of perspectives from Users/Carers and professionals to be explored and accommodated. The different experiences and expertise of the diverse group of people involved in all the agencies can contribute to the change process, generating creative ideas as well as becoming the catalysts that will help the whole system to adapt and evolve.

⁶ Burke W W & Litwin G H (1992) "A causal model of organisational performance and change" *Journal of Management*, Vol.18, No. 3. 1992 – pp. 523-545

“Sometimes people from different organisational cultures or different professions find it hard to ‘hear’ and respect the values of another group and reaching agreement on common ground is not an easy task. Within an overall sense of purpose there are many shades of interpretation and many different priorities that it is helpful to acknowledge, but if the overarching aim is to get people to behave in different ways, then it is necessary to ‘hear’ and respect the purpose, beliefs and values held by others.”⁷

A development intervention will enable the very diversity of the system to work together constructively and creatively to achieve a new way of improving the health of the local population. The use of simulations and case studies enabled participants to see a problem as perceived by different constituent groups and to learn to appreciate and work with the differences.

Development is a continual process

The misunderstanding that some people have about OD interventions is that a single event, such as a workshop or training course, is the sum total of the intervention. It is not! OD is a continual process of interventions, strategies and plans to achieve improvement through the development of the organisation over a period of time.

The experience of the pilot projects described here was that the “event” became an important milestone in a longer process of planning for change within the organisation: The sequence of key stages in the total process tended to follow the same pattern:

1. Working with senior managers in the lead organisation (the PCT or LHCC) to influence them on the need for a development approach to progress inter-agency working
2. Working with senior managers in the partner organisations to gain commitment to the pilot project
3. Identifying the service area to be addressed
4. Informal interviews with key stakeholders to gain a wide range of perspectives on the barriers that were preventing the progression of inter-agency working in the service area to be addressed
5. Designing an “event” to bring together a large number of the clinicians, practitioners, managers, Users and Carers from the range of agencies involved in planning, providing or receiving the service
6. Follow-up activity after the event including:
 - steering group meetings to maintain executive level commitment to the continual change process
 - task group activity to progress actions agreed at the event
 - a follow-up workshop of the ‘event’ participants to review progress against actions agreed

Lewin’s⁸ model of planned change and improved performance (Figure 4) helps us to understand the total development process and how a specific “event” can help to “unfreeze” the system and create movement.

⁷ Pratt J, Gordon P, Plamping D (1999) *Working Whole Systems* Kings Fund

⁸ Lewin K (1951) *Theory in Social Science* Harper and Row

FIGURE 4: A model of planned change

Unfreezing – reducing those forces which maintain behaviour in its present form, recognition for the need for change and improvement to occur

Movement – development of new attitudes or behaviour and the implementation of the change

Refreezing – stabilising change at the new level and reinforcement through supporting mechanisms, for example resource decisions, strategic prioritisation, policies or structural change

Lewin (1951)

The development intervention supporting inter-agency working will need to focus on each of these aspects **within each of the partner organisations**. The “event” will need to be followed with a resourced strategy, that is clear to all, to achieve the development of new behaviours and attitudes and stabilise change within the partner organisations.

To achieve long-term sustainable organisational change in all the participating organisations may require some form of OD support to be identified in each organisation. If the OD focus is based in only one or two of the organisations there is a danger that the importance of the inter-agency approach becomes lost over time, particularly when a single organisation is under pressure of workload, resources, or time. The easy route to achieve an outcome may be perceived as the single agency route.

The right development approach for the right circumstances at the right time

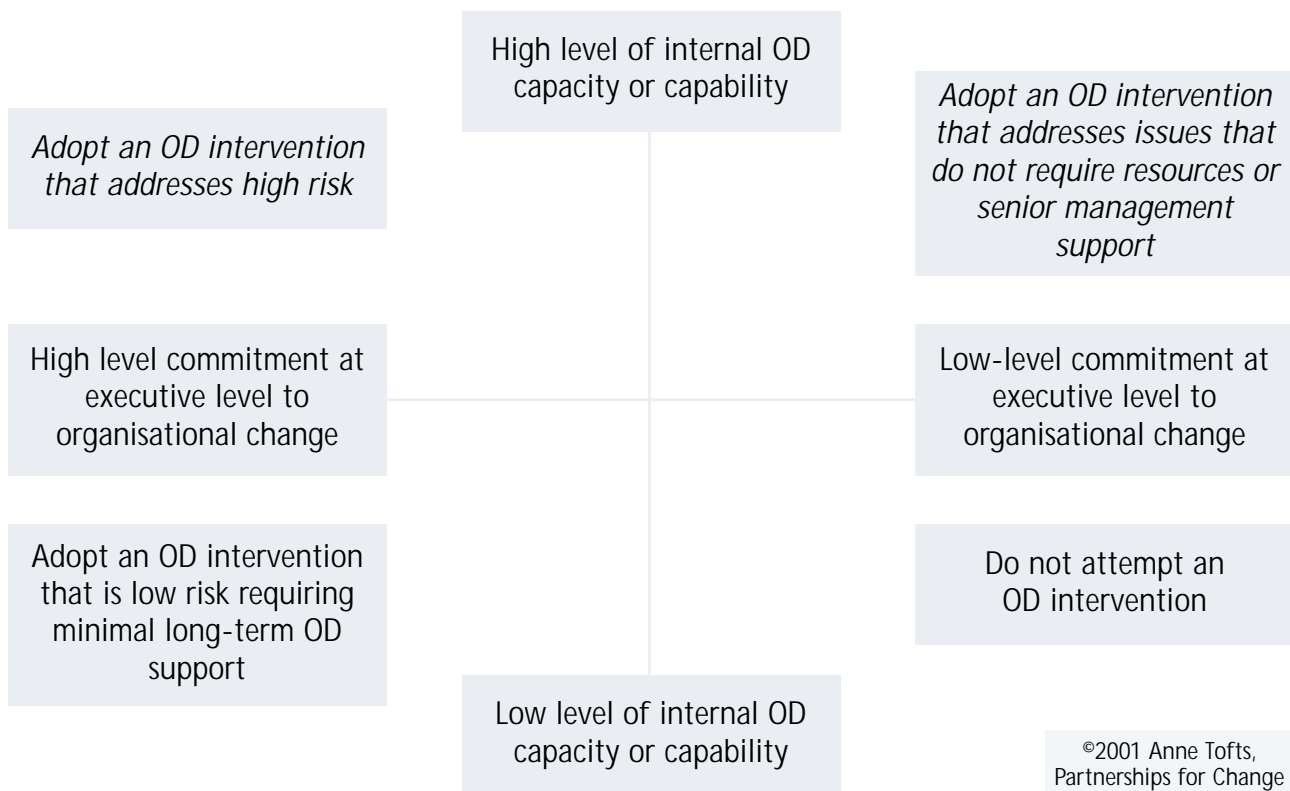
Any development intervention, whether tackling single organisation or multi-organisation issues, needs to be carefully planned to fit the circumstances and OD capacity within each organisation. It is likely to require long-term support at a senior level. Commitment at chief executive or director level, within all the participating organisations, is essential for an organisation development intervention to be seen as a priority. This level of commitment is required to attract the resources (people, time and money) needed to achieve change at all levels in the organisation(s).

The pilot sites that contributed to this project, developed a phrase:

“the right development approach, for the right circumstances, at the right time”.

Figure 5 illustrates the need to consider two dimensions of an organisation before embarking on any intervention: the capacity and capability of the local development team and the degree of chief executive/director commitment *of all participating partner organisations*.

FIGURE 5: Decision matrix for OD Interventions



A detailed analysis of the problem with which the organisation thinks it is faced, is an essential first stage, prior to planning any sort of intervention. Too often we find that managers and training and development practitioners, jump too quickly to identifying a solution to a problem that has not been fully understood. The solution that is designed is in danger of trying to address the “wrong” problem.

“I thought that the problem I was addressing was about developing leadership and creating effective teams in an inter-agency setting, and I started to design an event that would explore and develop these issues. But then I realised that until there is clarity about leadership roles and the contribution teams can make, an ‘event’ would not help at all. Currently there are chairs of groups in place who see their role as purely a chair of meetings. The first step I need to take is to get some agreement with the steering group about whether these chair roles are also leadership roles or if someone else has the leadership role.

So the principle is that I initially need to determine what is required, and then design an approach, which will deliver that. The important learning point for me was that what is visible now is very different to what I thought I was dealing with at first.”

The following stages should underpin the planning of any development intervention:

1. Fully analyse the problem and situation
2. Agree the desired outcomes with the key decision-makers
3. Design a development intervention that will move the organisation/individuals from where they currently are to achieve the desired outcomes

Different issues and problems carry with them different levels of risk if “surfaced” and tackled. They require different ‘degrees’ of executive level commitment, and different levels of OD capability and capacity within the organisation to manage them and ensure a positive outcome. The inherent risk in any OD intervention is that issues are surfaced and expectations raised that cannot then be addressed or changed – if the will, capability or capacity to achieve fundamental improvement and change is not there, then these issues are often better left undisturbed.

ACHIEVING LONG-TERM COMMITMENT TO THE PROCESS

Gaining commitment from partner organisations

In each of the pilot sites the project was led and co-ordinated by the LHCC. The LHCCs shared the leadership with partner organisations, including social care, voluntary organisations, user and carer groups and other agencies within the local care sector.

In each case a single agency acted as “host”, co-ordinating administration and communication. There is, however, an inherent risk in a single organisation or agency taking the lead in any inter-agency initiative. Having a “lead agency” can mean that the responsibility and drive to sustain and implement the changes falls to that single agency.

From the outset, inter-agency development should have shared leadership and responsibility for agreeing and delivering the outcomes. This will facilitate shared commitment and accountability for the total process and achieving success. Each pilot project therefore established a steering group with representation from each of the partner organisations involved. A senior clinician or manager represented each participating agency at the steering group. The criterion for membership was that the representative could commit resource and make strategic decisions within their own organisation.

It is important for each partner organisation to demonstrate visible commitment to the process as a priority. Joint resourcing is one sign of visible commitment. This may not always mean a direct financial resource; agencies may contribute in a variety of ways:

- Provision of the venue
- Releasing staff time
- Secondments across organisations to facilitate the implementation of action plans and change programmes on a multi-agency basis

Each organisation should be prepared to show that they value both the process and outcomes by recognising and committing to the resource implications.

A development intervention or event will not achieve change unless the participating organisation(s) are committed to achieving change. Effective change that is sustained over a period of time requires change at both strategic and operational levels within the organisation, resources and changes in the priorities of the organisation. One without the other will often lead to either excellent strategy documents that are difficult to implement and achieve changes in services and clinical or managerial practice or, to short-term change that is not embedded in the organisation and is easily overtaken by other priorities.

“If change is to be successful, those who are leading the process must share a number of assumptions. These would include not only the same vision about the organisation, its purpose and its values, the same understanding of the way things are at the moment and the same commitment to what they are going to do about it but also about the same view of the process of change itself.”⁹

To achieve real and significant change across partner organisations will involve the re-allocation of resources and priorities, and significant changes in culture and behaviour. It will take time and commitment at all levels in the organisation.

The steering group played an important role as “champions” for the project and the anticipated change within their organisation. They engaged senior colleagues in the vision for improved inter-agency working and gained commitment to both the development process and to changes that may be agreed as a consequence of the development intervention.

One of the reasons that each of the pilot sites gave for engaging in this project, was to build on the good practice that had already been established locally in inter-agency working. Small but significant success in bringing agencies together could be identified in each site. They sought to build on those foundations and to achieve longer term, and more fundamental change, that would be required to meet the challenges presented in “Our National Health”¹⁰ and “Community Care: A Joint Future”.

From the outset, the local facilitators recognised that their involvement would not simply be in designing an event to lever change. They would play a significant role in identifying and engaging the local decision-makers in the whole OD intervention.

The key stages to accomplish this were:

- Talking to individuals face-to-face to explain the purpose of the pilot, the long-term involvement that would be required, and most importantly the anticipated outcomes and service improvements
- Identifying the priority issues and agenda of key decision-makers. The intervention must deliver to their agenda, if they are to commit time, energy and resource to a long-term process
- Involving as many of the decision-makers from the full range of local agencies in a steering group that would direct the project. This increased their understanding of what was involved and reassured them about what they may perceive as intangible OD processes
- Identifying an aspect of local health and care services that all the key stakeholders considered a priority service for improvement. The service agenda for the development of inter-agency working is extensive. One could almost select any service and argue that improved partnership working would improve services – but where to start? OD practitioners worked with the steering group to identify a service area that all agreed was a priority and that lent itself to involving a range of agencies and professions in its development

⁹ Turrill T (1986) *Resource Management – Changing the Culture* NHS Training Authority

¹⁰ Scottish Executive (2000) “Our National Health: A plan for action, a plan for change” Scottish Executive Health Department

- Agreeing achievable and measurable objectives and success criteria. Whilst the steering group may recognise they were entering into a long-term process, they need to perceive this as a journey with short-term benefits to demonstrate the success of the intervention and against which they can measure the performance of the total OD intervention.
- Involving the steering group members in the “event”. The event is only one part of the total development process. However, the event will become significant in local people’s minds. It is a very visible part of the process that people can relate to, it is likely to be very emotive and leave people with very vivid images and memories. It will also be a significant springboard at which issues and barriers to change are recognised and actions may be agreed.

It is important that the steering group have a very visible presence at the event and are seen to be participating and role modelling the partnership behaviour they are seeking to achieve. A visible commitment to the actions agreed and to address outstanding issues can both reassure staff in all the participating organisations and provide a lever that holds senior managers to their responsibilities to enable those actions to be delivered. Without senior managers’ presence there is a risk that other priorities take over, and the actions agreed “by others” at the event are not valued at a strategic level.

- Encouraging stakeholders to empower their staff to continue to work together and support local initiatives after the event. This is more easily achieved within single organisations, but is more powerful when it happens with inter-agency or multi-professional groups. This may need continued and visible support from senior managers. Even though senior managers may perceive they have empowered their staff, those staff may not feel empowered or may not believe the reality that lies behind the rhetoric. Inter-agency teams may need direct support from senior managers to break down very real boundaries that exist, that senior managers can influence e.g. funding or policy protocols that are different in the different organisations.

“Participants identified that it was difficult to absorb the tasks taken on as part of the OD process into their normal work programme. They requested an additional resource to undertake some ‘leg work’ (seeking out good practice elsewhere, gathering information, literature searches, etc.). The local managers had already forecast this need and agreed short-term funding for a ‘resource’ post to support the work arising from the workshop action plans.”

- Continuing to engage the steering group post the event is perhaps the hardest part of the OD practitioner’s role. This may be achieved formally through regular meetings of the group, or informally. In many ways the informal contact can be more powerful and help to retain the stakeholders enthusiasm and commitment to attend steering group meetings. This can be achieved by providing:
 - regular up-dates of progress
 - success stories as actions are implemented
 - tangible examples of service improvements that have been achieved as a direct or indirect consequence of the event or total OD intervention

Follow-up activity

The pilot project sites planned a review day two to three months after the initial workshop event.

“Three main areas of work were identified for the review day:

- 1. to review progress of the actions agreed at the original workshop*
- 2. to provide facilitated time to allow groups to progress actions and agree next steps*
- 3. to explore the interface between the development approach to improving services and the development of strategy across the participating agencies.”*

The pilot sites found that the Review Days helped to:

- maintain the enthusiasm of the participants
- “take stock” of progress and re-energise the task groups that had taken on responsibility for progressing actions
- transfer the process from one that was perceived as “developmental” or a “training activity” to the mainstream “business” agenda of the organisations
- facilitate a dialogue between staff and managers about service improvement and the integration of strategy, policy and the operational service delivery

The facilitators used the review days as a useful forum to evaluate the OD process and the benefits of the “events” in that process.

They found that enthusiasm from the initial event had been passed on to others who were not there, and there had been new “recruits” to the task groups agreed at the initial event.

The review days became the platform for the integration of the short-term development work into the strategic priorities of the organisations. They became the forum for real stakeholder involvement in the strategic review and planning of services with senior managers.

ROLES AND RESPONSIBILITIES

The Roles involved in the Development Approach

The pilot sites identified the need for four roles to provide the right level of support to each of their projects:

1. A senior manager or senior clinician to chair the steering group and champion the project within the “lead” agency
2. An OD practitioner to co-ordinate the whole process across all the participating organisations
3. Facilitators to support the development workshop
4. Administrative support to manage the logistics for any events

Each role is equally important, but distinctive. The boundaries of each role need to be established and be clear to everybody at the beginning of the project.

In addition, each participating agency will need senior clinical/manager support to achieving improved inter-agency working.

“The LHCC pilot was sponsored at a senior level by the Chief Executive of the Primary Care Trust who was keen to develop multi-agency working. The Development Manager for the Primary Care Trust co-ordinated the total development approach and liaised with all the stakeholders. On reflection it would have been very useful to have an administrator taking responsibility for all the logistic arrangements, the Development Manager tried to do a lot of this work and found she didn’t have sufficient time.”

Senior commitment

The visible involvement of the Chief Executive or a Director in the organisation is essential. Their involvement demonstrates tangible commitment to the OD process as an organisational priority. He/she understands and values the OD process in the context of ensuring that the organisation is effective in achieving its strategic and operational objectives. They are unlikely to be a skilled OD practitioner but they will “champion” the OD approach and change programme; there needs to be an effective partnership between the “Executive Champion” and OD practitioner.

Each of the pilot projects established a steering group at an early stage. The steering group membership was drawn from senior managers/clinicians in each of the participating organisations. The aim was to ensure strategic level understanding of, and commitment to, the total OD process and its outcomes.

The OD Practitioner

The role and skills of the Organisation Development Practitioner are fundamental to the success of the development intervention.

The OD practitioner will need to be experienced at working with senior manager colleagues and be skilled in influencing executive level decisions. They will be an OD practitioner who understands change issues in the health and care sector. Their role is multi-faceted and extends over a period of time. It includes:

- Helping senior managers/clinicians to identify the need for change and to understand how a development intervention can become the vehicle to lever and support that change over time
- Identifying the barriers to change
- Ensuring long-term commitment by senior managers/clinicians to the change process – possibly by identifying a champion(s) for the change within the organisation
- Identifying the appropriate development approach to address local circumstances and achieve the required change and desired outcomes

- Designing interventions/workshops that will lever the change, bringing together all key stakeholders, by unfreezing the organisation and providing movement¹¹
- Developing strategies, with key stakeholders, that will support the long-term changes and improvements needed and achieve the actions agreed at the “event”
- Providing individual support/mentoring to those responsible for implementing the changes agreed

This role of the OD practitioner is extended when supporting inter-agency development:

- They will need to work with each of the partner organisations to identify the issues and barriers to change. Individuals within the partner organisations will each have their own perceptions of what is working well within the partnership and where the barriers lie. These will be only perceptions, and may or may not reflect the reality.

The OD practitioner will need to research each organisation and gather the range of perceptions and views of what works well and where improvement is needed.

- It is important that the practitioner works closely with OD colleagues in the other agencies to ensure a joint and coherent approach across agencies and co-ordination with other initiatives in each agency.
- The OD practitioner will be responsible, in collaboration with a local steering group, for designing processes to surface, and address, the issues and barriers to change. Following research in each organisation the practitioner will have developed a sense of where the successes are that can be built upon, and the likely barriers to change e.g. communication between agencies, lack of understanding of each others cultures, or perhaps simply that the key individuals do not know each other!

The practitioner will use this information to inform the design of both the total development intervention and the event.

- The OD practitioner plays a key role in ensuring the organisations’ capacity to sustain change and development over the long term and to manage future problems. They support senior managers and “change agents” within each partner organisation to build the capacity to deliver the changes agreed at the workshop, and to continue to sustain improvement over the long term.

Without this support it is easy for senior managers to be distracted by other priorities. The importance of maintaining the change process becomes diminished and it is easy to fall into the trap of assuming the enthusiasm and momentum generated by the workshop event will carry the improvements and changes forward – they won’t!

Everybody in the partner organisations is swamped with too much work and the immediate service priorities will take precedence, it is likely that the OD practitioner will need to be one of the champions of change. To enable them to fulfil this important role they need to be able to influence senior clinicians and managers in the organisation.

¹¹ Lewin K (1951) *Theory in Social Science* Harper and Row

Facilitators

Any event involving a small or large number of people requires an individual to co-ordinate proceedings and manage the dynamics of the process. In meetings a chairman undertakes this role.

However, the dynamics of, and potential risks associated with, development interventions are much greater than may occur in a normal meeting. Development interventions require facilitators who are skilled in handling group processes and dynamics.

The scale of the interventions undertaken in this project required more than one facilitator. To enable small group work to be facilitated in an effective way the ratio of facilitator to participant should be approximately one to eight.

Administrative Support

Considerable time and administrative expertise is required to manage the logistics of both the total OD process and “events” that are organised as a part of that process. This role should ideally be filled by somebody other than the OD practitioner. The administrative support required for the pilot projects was considerable and had a direct effect on their success (see Administrative Arrangements, Appendix 1).

Role Clarification

The involvement of both a senior manager to chair a multi-agency steering group, and an OD practitioner, can potentially lead to some blurring of responsibilities and confusion about roles. The pilot sites found that both were essential to the long-term success of the projects but that the following two points needed careful consideration:

1. Clarity of Decision-making

There must be clarity in decision-making about the OD process and, in particular, the design of the OD event. The potential for the conflicting decisions to be made by the steering group and the OD practitioner were great. There must be terms of reference of the Group and an open discussion in the first steering group meeting to agree the role, decision-making authority, and accountability of the OD practitioner. The pilot sites found it useful to encourage the steering group to articulate clearly the outcomes they were seeking by engaging in the process and their success criteria.

2. Ownership of the change process

In the initial stages the OD practitioner is likely to “own” the OD process. This is desirable at the beginning of the process when it is essential that the process is well designed and appropriate to address local circumstance and achieve the desired outcomes. The “champion” needs to have a high level of knowledge and skill in OD processes. However, there will be a point when the ownership needs to be transferred to a senior manager/management to enable the change process to be seen as “mainstream” to the organisation and core to its business agenda.

“The Two-Day Workshop Event and the Review Day were described by participants as the engine room of the multi-agency initiative and there was some discussion about how to transfer the project so that it could become totally integrated with other local work and be driven entirely by the existing internal leadership/management processes.”

THE DEVELOPMENT “EVENT”

Although the “event”, is the part of the Organisation Development intervention that many people remember and hence talk about, it is not the sole activity within the total intervention.

However, it is a significant stage, particularly in the context of developing effective inter-agency working.

The events used in the pilot sites all engaged a large number of local stakeholders including Users and Carers. The participants found these events stimulating, energising and highly participative. They proved to be a productive way of bringing people together for a comparatively short period of time. Enthusiasm was generated, and they produced a high level of commitment and creative ideas. At a simpler level each event provided a common forum to share an understanding of each other’s organisations and priorities, to develop a common vision and language.

“It was an excellent two days. In our car going home, all three of us were feeling enthusiastic, positive and motivated. We are still positive and hopeful of action and change.”

An “event” can be a key catalyst in developing inter-agency working because it allows a large number of people from a diverse range of professions and backgrounds to explore the issues and barriers to partnership working together, and to develop a visible commitment to change and action.

Whilst the prominence of the event is attractive, it can also become a problem in its very public nature and the expectations that will be raised in participants’ minds of the changes and improvements that will be made. Difficulties can occur after the event when these expectations are not met. People may also leave the event with personal fears and threats of what the changes might mean for them individually or for their profession. Informal communications, post the event, of what was said and what was agreed can lead to rumours and unrest.

“A very thought-provoking and stimulating event, but the outcomes will be the real test!”

All these can be managed, with positive outcomes, by the facilitator team. They need to be aware of the inherent dangers and ensure that they have been planned for. There will need to be clear strategies to anticipate and manage the potential risk areas e.g. regular communication to the participants and others, visible actions occurring as a consequence of the event, and a regular review process to identify concerns.

Designing the Event

“Often when people are meeting around some burning local issue, the temptation to jump into problem-solving is overwhelming. We have learned that it pays handsomely to spend as much time as possible exploring purpose and possibilities.”¹²

The design of the event will have a key influence on the success of the whole OD process. The OD practitioner will need to consider a number of factors in planning the design:

1. The objectives of the event itself and its contribution to the total development intervention must be clear from the outset. There should be agreement between the key decision-makers and champions within each participating agency on the purpose of the event and the anticipated outcomes, making sure that the development intervention is positioned as part of an overall long-term development plan.

“Whilst it remained a high priority to achieve tangible actions and outcomes from the event, it was agreed by the steering group that the process by which these outcomes would be achieved must include opportunities for the ‘soft issues’ to be addressed.”

2. The “starting-point” of the participants will need to be researched – e.g. is there a foundation of effective joint working, do the participants know each other, what are the local perceptions of the barriers to improving inter-agency working?

“The Organisation Development Practitioner met with a number of the key stakeholders prior to the event and had identified the following potential blockages to effective multi-agency working:

- *Hierarchies within partner organisations and the communication issues that this causes*
- *Funding issues*
- *Difficulties in communication and clinical planning processes in the Health Sector*
- *The sensitivity of the drug and alcohol topic*

This not only provided information which helped to set the agenda for the event, but also established some commitment and ownership for the stakeholders.”

¹² Pratt J, Gordon P & Plamping D (1999) *Working Whole Systems* Kings Fund

3. Participants may need an input from an expert speaker to help them to reach a common baseline of knowledge and understanding of the context they are being asked to work within? If there is sufficient “common ground” then it may be possible to quickly move into participative, interactive work.

“The workshop was designed over two consecutive days and the aim was to allow for reflection and sharing of current reality and consider opportunities to view the potential for change on day 1. On day 2 we designed the programme to encourage participants to develop plans to put ideas into action.”

4. We all tend to under-estimate the time and effort involved in designing and co-ordinating any development intervention. If you have experience of organising a one-day skills training course you will appreciate that it probably takes an equal amount of time for the design and planning as for delivering an event. In other words, it will take one day to design and plan a one-day training course.

The planning and preparation work involved in the development interventions described in this project took considerably more time than would be involved in a training course.

Types of Event

The literature provides a full coverage of the types of events that will support an OD intervention. We would recommend that anybody, who is considering a development approach to support inter-agency working, familiarises themselves with the more common models and concepts which are summarised here. Appendix 2 provides some useful references.

Each of the pilot sites used one of these approaches or a combination of them.

System mapping

System mapping can be used as part of a bigger event or can be considered as the event in itself. It involves participants, often working in small groups, in describing their own experiences of a particular aspect of the service locally. It is particularly powerful when it involves Users and Carers as well as clinicians and managers.

The facilitator may introduce an “archetype” – a description of a particular case or profile of a fictitious person.

The pilot sites reviewing Older Peoples Services provided a profile describing a particular person or couple and their circumstances to the group.

“The first workshop on day 1 was based around four case-study scenarios which aimed to highlight typical situations involving Users and Carers. The participants worked in small multi-disciplinary and multi-agency groups. We posed three questions to each group to stimulate debate and share individual’s perceptions of what currently happens:

- 1. What has happened to the patient to date?*
- 2. Who has been involved in their care or supporting them?*
- 3. What is the likely assessment process and who is involved?”*

The group then went on to describe how the situation described might develop and how the local health and care agencies might become involved. This was “mapped” on to flipchart, and displayed on the wall. Participants discovered that their perceptions of how the system works were different, and their views of what works well and where the gaps were in services also varied.

“We discovered that the Orthopaedic consultant didn’t know how all patients are referred to him. He asked one of the GPs in the room what happens if they have an elderly patient who falls and suffers a suspected fracture. He discovered that the route through the system to him differed, dependent on the initial telephone call – directly to one of his team or through the ambulance service. It was at this point that we realised that the ambulance service hadn’t been invited to the event, and yet they are a key part of the system and an important partner.”

System mapping can engage individuals from a range of organisations and backgrounds and allow them to better understand the system as it exists. It engages with people’s own experiences but also opens their eyes to other experiences and perceptions so building a truer picture of the reality for everybody.

“We, as clinical professionals, working in the system tended to focus on the perceived gaps and weaknesses in service when we were ‘mapping’. It was the Carers that reminded us of the strengths of the system. Aspects that we saw as problems, they saw as strengths – it really challenged our assumptions.”

The process of creating the map facilitates discussion and builds relationships early on in the event. Everybody feels that they have a role to play whatever their status and position within their own organisation.

*“Every enterprise has four organisations,
the one that is written down,
the one that people believe exists,
the one that really exists,
and finally
the one the enterprise really needs.”¹³*

Open Space

This technique can similarly be used as a part of a larger event, and will work with small groups as well as very large groups. It involves the participants in creating their own agenda for the event and then choosing the discussions they wish to be part of. Each group produces a summary report of their discussion and conclusions – these reports are “posted” in a public place that all participants can access, e.g. the wall of the main room.

Open space can be particularly useful at the beginning of an event to develop a shared commitment to the agenda – the facilitator team need to be sufficiently flexible to structure the remainder of the event around the outcomes of the open space session. Equally, open space is useful towards the end enabling individuals to identify the issues that are important to them and to which they wish to make a personal commitment to action.

Open space can help the commitment to change, become embedded in the range of organisations represented at the event, moving the recognition and ownership for change from the facilitator team or steering group to a wider group of people. Individuals are more likely to take responsibility to see that things get done after the event. Difficulties can arise if the discussion group take ownership of an issue and individuals that are key to affecting the change are absent from the event.

Simulation

An organisation simulation replicates real-life experiences in a shortened time-frame to accelerate and focus learning.

A simulation creates a replica reality by creating a “fictitious” service or health care system using case-studies, data sets and scenarios that the participants may encounter in their normal work situation. The simulation will ask participants to tackle problems and make decisions that are similar to those that they will need to make in the future.

“We chose to use a simulation event because we wanted to provide the participants with the opportunity to model the future. This would enable participants to learn from their ‘action planning’ process and review the experience of how the behaviour of individuals and organisations contributed to the outcomes. The simulation allowed participants to test ideas in a structured environment and reach decisions within a limited time scale. The data we provided were as accurate as possible and provided the basis for consultation and decision-making.”

¹³ Turrill T (1986) *Change and Innovation, a challenge for the NHS* IHSM

The use of the simulation allows participants to prepare for future reality in a “safe”, supported learning environment. It can enable:

- decisions and actions to be “tested-out” before real implementation
- participants to be radical and take risks in planning service improvement, refining their ideas in the light of the outcomes experienced in the simulation, before tackling real services
- the direct involvement of Users and Carers in evaluating and planning service improvement
- groups who are “breaking” new ground can explore the opportunities and challenges that they may encounter in the future

The use of a simulation can provide a vehicle for the facilitator to tackle blockages that are preventing the group from moving forward, and issues of conflict within the group. It provides an opportunity to encourage the group to confront these issues with the support of the facilitator to help them to move on to the next stage in group development terms.

The design and facilitation of a simulation event must devote equal time to the review and learning processes as to the simulation exercise itself. The facilitated review should take place immediately following the simulation exercise whilst each participant's experiences are fresh.

Future Search

These are events that are structured to provide participants with the opportunity to create their shared understanding of the joint future. The programme leads them through a process of firstly, building a shared understanding of their past, then moving on to discussions about their perceptions of the current situation. These discussions are as much about allowing individuals to talk about their “successes” and to receive positive feedback and “endorsement” of those successes, as it is to identify problem areas.

Participants are then led on to a creative process of generating a joint view of the future, but one that is grounded in the realities of the past and present.

The future is built up by small groups each presenting, in an imaginative way, their vision of the future. A consensus of all participants takes the best from each of these visions and pieces together a shared view of the future which is creative but attainable.

This shared view is then broken up by the full group into themes, which are taken and worked on by small task groups during the event to plan how they will progress each theme into action after the event.

“The steering group saw the aim of the event was to allow reflection and sharing of current reality, opportunities to view the potential for change, and develop action plans to put ideas into action.”

Future Search provides a balance between creative work on developing partnership working and focused action planning that should result in short-term changes and outcomes after the event.

Future Search is most successful when held in a room that allows all participants to be seated at round tables of approximately 6-10 people. The whole event takes place in this room without using break-out rooms. Soon after the start of the event, the work takes place at each table with tables reporting back on flip-chart. The facilitator co-ordinating feedback often works from each table in turn (a roving mike can be useful!).

When the participants reach the point of action planning each table becomes the focus for a theme – participants join whichever theme they choose to, or need to, work on.

The use of the single room maintains a sense of the whole system while groups are working – it keeps a connection between different organisations and themes. Syndicate rooms would encourage many of the isolation barriers that exist in real life. Everybody remains constantly engaged with what is going on in the whole system as well as their own particular part of the system.

Future Search requires a careful structure to, and organisation of, the event. The stage management role of the facilitator comes into its own in this sort of event.

PARTICIPANTS

The purpose of the event is to bring a large number of people who are involved in the local service, together in one place at a single point in time. It enables people who may not normally meet or communicate face-to-face to discuss common issues and problems in a “safe”, informal environment with the support and direction provided by facilitation. People can explore their own and other people’s perceptions of successes and barriers within the system. Assumptions are challenged, ideas are created, and sustainable solutions to complex inter-agency problems developed.

“The diverse mix of participants from so many different agencies led to viewing problems from several aspects. It is not often that all these groups are brought together.”

The richness in the event is in finding constructive ways of working with the diversity within the room, which represents the diversity within the local health and care system. The first stage to ensuring the success of the event is in achieving a consensus that there is an inter-agency issue to be addressed, a recognition that no single agency or profession within the system can tackle the problem and reach a sustainable solution on their own.

“It was very useful to join with other people and gather their views and opinions. I was glad to learn that all agencies are indeed ‘singing from the same hymn-sheet’.”

Identifying the Right People

The next critical stage is to identify the right people to be involved in the event. The steering groups in the pilot sites devoted some considerable thought to this. Each of the pilot projects adopted a different approach to their participation but all were enthusiastic about the added value that Users and Carers brought to the event. The Scottish Executive is fully committed to the involvement of Users and Carers. The general summary was that participants should include:

- different levels within each partner organisation – frontline staff, middle managers and senior managers. The event needed the perspective and the on-going commitment of staff who could make a difference at an operational level, as well as those who could make decisions about how resources are deployed and priorities agreed
- people who were interested in doing things differently – who were passionate about developing a different future and breaking down barriers
- people who are considered “healthy sceptics”. There is a risk that the enthusiasm of the visionaries results in a change strategy that meets its first major barrier when presented to the sceptics who were not present at the event. The sceptic provides a useful barometer of the realities of the local system and the views of many people who will need to be “won over” during the on-going change process
- people who have made connections across the system and can demonstrate the benefits from so doing – but equally people who are currently working in isolation from the rest of the system and will bring benefit to both their organisation and the Users/Carers by making connections
- people from all parts of the local system involved in the services upon which the event is focusing.

“The Steering group recognised the need for participants to include a mix of front-line, senior staff, Users and Carers involved locally in drug and alcohol services. It was felt important to explore and address improvements at both operational and strategic levels during the event. The criteria for inviting participants from the relevant agencies was that each individual should be:

- *Informed*
- *Open and committed to making personal changes in their individual practice*
- *Able to influence changes within their employing organisation*

Participants were sent personal invitations to attend based on these criteria.”

Marketing the Event

The pilot sites found that the way that they communicated the purpose of the event was key to achieving full participation. The event needed to be seen as something that individuals would benefit from as much as the organisation.

The tone and language in which people were invited needed to be appropriate for the individual, this may mean producing a number of different versions of the invitation letter if the audience includes, for example, Users and doctors.

INVOLVING USERS AND CARERS

Each of the teams involved in the pilot sites found that the involvement of Users and Carers significantly added value to the discussions and the outcomes of the development intervention.

Each site chose to adopt a slightly different approach to Users and Carers involvement:

- To fully involve Users and Carers throughout the event
- To involve Carers as the advocates of the Users
- To use recorded “Voices” of Users and Carers. Both Users and Carers were interviewed prior to the event about their general experiences (good and poor) of the services provided. The recording was presented by an advocate to all participants in a “plenary” session at the beginning of the event, and participants were encouraged to reflect on their reactions to the “Voices” and the implications to service design and improvement.

“Participants were selected for their knowledge, experience and current understanding of working with the client group, older people. It was decided to involve Carers in the event to ensure that patient voices were being heard and to help to ensure they were at the forefront of the plans.”

In each of the pilot sites the steering group discussed, at the design stage, prior to the event, the advantages and disadvantages of involving Users and Carers. In some instances there were concerns that the individual user or carer may focus the group work during the event on to their specific issues rather than participating in a more holistic review and planning of services. These concerns did not materialise during the events. The Users and Carers participated fully and their contribution was valued by everybody.

“Information on the service user’s perspective was very effective and put it very clearly on the agenda.”

The response from all three pilot sites was that they would not hesitate to involve the Users and Carers in the next event. However, they felt that there are some essential criteria that should be met to ensure success:

- Users and Carers must be fully briefed prior to attending the event on the reason that the event is being held, who will be attending, what will happen during the event and on their own contribution
- The venue must be selected with Users and Carers in mind. Will they feel comfortable and not intimidated?
- The facilitators need to regularly “touch base” with the Users and Carers during the event, and make a particular point of making them feel welcome and equal participants in the process
- Thought must be given to providing respite care to enable Carers to attend the whole event
- It may be necessary to also involve advocates with some Users to help them to contribute on an equal basis with senior clinicians and managers
- Users and Carers must be reimbursed with travel expenses. Consideration should also be given to reimbursing them for the time they have taken from work.

FACILITATION OF THE EVENT

The dynamics of, and potential risks associated with, development interventions are much greater than may occur in a normal meeting. Development interventions require facilitators who are skilled in handling group processes and dynamics.

The scale of the interventions undertaken in this project required more than one facilitator. To enable small group work to be facilitated in an effective way the ratio of facilitator to participant should be one to eight.

Working with a Team of Facilitators

“Using a team of five facilitators drawn from the main agencies involved was very effective for a number of reasons:

- *it visibly reinforced the multi-agency nature of the work*
- *it ensured a broader understanding of how best to design and facilitate the event*
- *it provided an opportunity for a variation in styles during the two days which it was hoped would address the variation in learning styles among the participants*
- *it provided a learning opportunity for the facilitators*
- *it shared the load of managing a large group where clear outcomes were required.”*

Each facilitator within the team may have particular strengths, skills or experiences. They may equally be aspects of facilitation with which they are less familiar or feel less comfortable.

It is useful to know the facilitator's individual strengths and weaknesses prior to the event; this will allow the most effective use of the team.

“We wanted all participants to be involved in mapping a particular aspect of Older Peoples’ Services in the local area to build a shared understanding of the current system and of where the gaps in services exist. We planned to do this in small, mixed groups involving all participants including the Carers.

Whilst, as a facilitator, I am familiar with process mapping I do not feel sufficiently skilled in the techniques to facilitate a group. Some of our facilitators use these techniques all the time in their own organisation. The way we compensated as a team of facilitators was, firstly, the skilled facilitators briefed the others on the techniques, then the session was led by the skilled team and those of us that are less versed in process mapping acted as process facilitators, whilst the others provided any expert facilitation that was needed.

This worked really well, the groups got a lot out of the session and began to better understand each other’s issues and the boundaries that exist, and the facilitators developed skills we didn’t previously have. I feel that I could now lead a session using this technique.”

The following is a minimum set of competencies to have within the facilitator team:

All the facilitators need to be competent in:

- process facilitation and handling conflict
- change management
- dealing with fluidity and shifting circumstances

At least one of the facilitators must have:

- a high level of competence in handling conflict
- a good working knowledge of the local health and care system, and the key organisations and players within it
- a good working knowledge of health and social care national and local policies and initiatives
- a high level of competence in any particular techniques that it is planned to use during the workshop e.g. process mapping, creative thinking

Working with Facilitators from Partner Organisations

It is recommended the team that co-ordinates the total intervention and facilitates any workshop activity is drawn from more than one of the participating organisations. This, in itself, begins to create a shared understanding of the culture and structural processes that different organisations have, and the context within which the team is working.

Improving partnership working is partially dependent on the commitment and support that each organisation has to sustain the long-term change that will be required. A clear sign that organisations are committed to the change process and to continue to develop partnership working is if the facilitation team are drawn from more than one of the partner organisations. Not every partner organisation will have this capability. However, there is usually a development resource within health and social care organisations, although these people may carry different titles e.g. organisation development manager, training manager, re-engineering facilitator. Within social care some of the social workers have the process facilitation skills to support this sort of organisation development work.

The experience of the pilot sites was that it took time to build a shared understanding, trust and respect within the inter-agency facilitation team. Because the facilitators were aware of the barriers that exist between agencies, they tended to assume that they would quickly be able to break those barriers down and build relationships that would enable them to work with inter-agency groups. Their experience, however, proved to be different:

“We thought that, as we were all facilitators in our own organisations, we wouldn’t find any difficulty in quickly working together. Instead the opposite proved to be the case – although we shared some common language about facilitation skills, we also had some major differences because we used different techniques and approaches and have adopted the language of hospitals or social services.

I was amazed at the prejudices we brought and how we each stereotyped the other care agencies. I thought the social workers could act almost autonomously and they would be very ‘laid-back’. I almost had the image in my head of the ‘open-toed sandals’ social worker. Instead I found they were very business-like, probably more than many people I work with in the hospital. And I was surprised at the constraints they have in decision-making, it seemed to be very hierarchical and slow. On the other hand, they thought we would be very bureaucratic and were surprised at the amount the staff and we are empowered.

We spent quite a lot of time overcoming our own stereotypes, prejudices and biases before we could really work effectively as a team designing a development intervention to build partnership across our organisations!”

It took, not insignificant time and effort, to build a partnership within the facilitator team to enable it to work effectively on a project to develop effective partnership working across organisations!

“My reflections on being a member of the multi-agency facilitator team included:

- *Did we provide ourselves with enough time as a group to review the process, our own perceptions about what was happening and to discuss different perceptions we may have had?*
- *Did we have a shared model for how change can be effectively managed?*
- *Although the facilitator group did spend a lot of time together, it may have been helpful to spend even more time ‘storming and norming.’¹⁴*

The benefits of committing time and energy to building that partnership paid off both in the success of the event and in supporting follow-up work within, and across, agencies.

“Coming from the Health Service I had no experience of working with the police and had no real feel for their approach to such a sensitive issue as drugs and alcohol. We had a room full of about 80 people representing almost the full spectrum of agencies involved in delivering a local service to drug and alcohol Users, including the Users themselves.

I would say that the police were arguably the most democratic and focused group there. You couldn’t tell by the way their discussions went and the way they behaved to each other who was the Assistant Chief Constable and who was a police officer. They were all very approachable and willing to learn from the experience.

They appeared to be the fastest to capture the learning and attempt to change the way they worked and their behaviours during the course of the workshop. They were certainly the first to try to truly involve the Users in planning services and decision-making.

One important lesson we all got from the two days was to recognise how we apply stereotypes and carry prejudices.”

¹⁴ Tuckman BW (1965) “Development sequence in Small groups” Psychological Bulletin, Vol. 63, 1965, pp. 384-399

A full de-brief immediately the event finishes to capture key actions agreed and learning points is essential. There will be issues that seem very vivid at the time that may be forgotten or not fully re-captured if the de-brief is postponed until the next day or later. At some point shortly after the event the facilitators should meet to agree how to carry the process forward into each partner organisation.

One of the benefits that the multi-agency facilitation team brought was to provide an “external” dimension to each agency. The internal facilitators to an agency brought their intimate knowledge of the local situation; their intuitive judgement of what will be acceptable to the culture and their understanding of the local power bases.

The facilitators from the other agencies added his/her external perspective, sometimes acting almost as a mentor to the internal group, helping them to handle the more risky, confrontational aspects.

“The OD practitioner, who was external to our agency, arranged to interview key individuals within our organisation prior to designing a workshop event. Some interviews were carried out face-to-face, some were completed by telephone.

This allowed the facilitation team to uncover the issues and concerns that people had about inter-agency working, that they would be unlikely to express in any other forum.

The internal facilitator team had questioned whether they should be conducting these interviews. It was decided that it was better for the ‘external’ to take this role, as they would be seen as objective and independent by the interviewees.

There is a history of good inter-agency relationships and working within the area, but the facilitator, who was not a part of our organisation, uncovered barriers to extending this good practice and developing inter-agency working further than we had not suspected existed.”

Each pilot site built an internal team of facilitators drawn from a range of agencies.

“In one pilot site the facilitator team of five people was drawn from the internal teams in both the Primary Care Trust and Social Work.

The whole team was involved in designing and running a two-day workshop event for invited participants from all the local health and care agencies, and provided follow-up support to the senior managers responsible for actioning the changes agreed at the workshop.

Initially the PCT Director was not convinced of the benefits of adding other facilitators to the internal team. They had been very successful at facilitating and implementing local service improvements themselves and questioned the added value of the wider team.

Halfway through the project the PCT Director actively promoted the benefits of the partnership of internal and external facilitation and was planning to continue that model in the future. The perceived benefits were that the wider facilitator team:

- helped to build a bridge that enabled facilitators from different organisations, working with very different models and styles of facilitation, to identify a common and shared approach to designing and running this intervention*
- helped the internal team to further develop their skills working in a new way with groups, different from the approaches they had previously used in other local change projects*
- brought a new perspective to local experiences to help the internal steering group find new ways of tackling old issues.”*

Facilitation Style

The model of facilitation that is required for successful interventions of this type is a balance between “process facilitation” and “expert facilitation”. The facilitators need to feel comfortable to operate in a fluid way moving between the two approaches as required.

“I found that the way in which I facilitated the workshop activity varied dependent on the dynamics and needs of the groups and of individuals. Over the two days I worked with one group who knew and understood the issues but found that they were having difficulty in moving their discussions on, partly because there was one dominant member within the group who thought he had all the answers and wouldn’t allow others to contribute. I acted purely as a process facilitator and helped the whole group to find a way of working that they sustained throughout the two days.

On another occasion I realised that a group were missing out on some basic information about the Joint Futures Group recommendations on Single Assessment. I was able to steer them by supplying them with essential documents and helping them to make contact with somebody else in the room that I knew had been working on local implementation of the Joint Futures work.

During the second day of the workshop event I could see that one of the participants was feeling very uncomfortable about the direction that the discussion was taking. The consensus within the room was to look at how skills might be shared across professions to enable the implementation of single assessment processes. This individual felt personally threatened by this proposal ‘I feel they are trying to de-skill me’. From her body language I picked up the signals that all was not well, took her to the side and talked through the issue with her and helped her to form a strategy to cope with this anxiety and feed her feelings into the discussions. She recognised that she was probably not alone in feeling this way, although she appeared to be the only person expressing her anxieties.”

Each facilitator must be prepared to be flexible in their approaches, responding to the dynamics and needs of the group(s).

“I cannot overemphasise the need to be able to be flexible. As much as you plan beforehand and think through every possibility that may happen during the workshop there are always surprises – these may be very pleasant or something may surface that you just hadn’t anticipated.

Meeting the participants beforehand helps you to anticipate where problems may arise within groups or between individuals, but I have always found on these sorts of events with so many people and so many issues around – something crops up that I hadn’t expected, and you need to be ready to deal with it without the luxury of time to plan what to do.

Sometimes, it’s just that a group moves on through the difficult issues faster than you thought they would and you have to speed up the programme to keep their momentum going. Often groups try and avoid the really difficult barriers to change and you have to introduce something else into the programme to encourage them to address the very issue they are trying to avoid.

On a two-day event, the end of day 1 can seem to be very chaotic, because all sorts of dynamics are going on, you need to be able to make sense of that chaos and facilitate the process on day 2 to help the group make sense of it and find a way through it to agreement and action. That’s when the support and skills of the other facilitators becomes invaluable – two heads are greater than one! – what can seem a difficult process to manage for one facilitator, can be more easily put into perspective when you talk it through with your colleagues!”

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Figure 3 provides a useful framework to understand the role of the facilitators in supporting the types of events that were used by the pilot sites.

FIGURE 6: Heron's Six Dimensions of Facilitation

The Planning Dimension. This is the goal-oriented, ends and means, aspect of facilitation. It is to do with the aims of the group, and what programme it should undertake to fulfil them.

The Meaning Dimension. This is the cognitive aspect of facilitation. It is to do with participants' understanding of what is going on, with their making sense of experience, and with their reason for doing things and reacting to things.

The Confronting Dimension. This is the challenge aspect of facilitation. It is to do with raising consciousness about the group's resistance to, and avoidance of, things it needs to face and deal with.

The Feeling Dimension. This is the sensitive aspect of facilitation. It is to do with the management of feeling and emotion within the group.

The Structuring Dimension. This is the formal aspect of facilitation. It is to do with methods of learning, with what sort of form is given to learning within the group, with how is it to be shaped.

The Valuing Dimension. This is the integrity aspect of facilitation. It is to do with creating a supportive climate which honours and celebrates the personhood of group members; a climate in which they can be genuine, empowered, disclosing their reality as it is, keeping in touch with their true needs and interests.

The six dimensions interweave and overlap, being mutually supportive of each other. They need to be distinguished from each other in thought and action to achieve effective facilitation.

Drawn from Heron J (1999) *The Complete Facilitators Handbook* Kogan Page pp. 6-7

“Each facilitator was allocated to work with one of the Partner Agencies during the two-day event. Their role was to:

- *Observe during the Simulation event, recording behaviours and identifying on whom and how these impacted*
- *Lead feedback sessions with their Partner Agency at the end of each day*
- *Clarify aspects of the process and to help participants reflect on progress during the Simulation event.”*

The facilitator team will need to continually de-brief during both the total intervention and the event itself, flexing the programme to meet changing and emerging circumstances.

During a development event, facilitators should meet to review the process at least immediately prior to the event, at lunch-breaks during the event, and on the evening of day 1 if working with a two-day workshop. The original programme may need to be adjusted to respond to emerging circumstance.

Appendix 1

ADMINISTRATIVE ARRANGEMENTS

The importance of the administrative arrangements and selection and preparation of the venue for the event cannot be emphasised enough.

Well-organised events carry a greater chance of success. We all remember events we have attended that have not been well organised. If we didn't receive a programme and travel directions in good time, or found it difficult to find the venue, we started the day feeling angry and frustrated, wondering why we have bothered to give up a day when the paper-work on the desk is just piling up.

Our attitude during the day would be more open to listening attentively and participating if we feel welcomed. If the event is running smoothly then we shouldn't notice the organisation arrangements – it's only when these break down that we notice that the coffee didn't arrive on time, we couldn't hear the speakers from the back of the room, we didn't know what was going on and what was expected of us, and how many times have you felt uncomfortable all day because you were too cold or hot.

All these aspects of an event take time and skill to organise, this involves extensive preparation beforehand as well as stage-management during the event. If the event is running smoothly, and participants feel comfortable and confident of the proceedings, you are more likely to achieve a successful outcome and motivation and commitment from participants to implement change.

“The venue was good and comfortable – possibly a little restricted for the numbers involved but the size had a way of keeping things together.”

The steering group in each of the pilot sites found that it was essential to be clear from the beginning about who was managing the administration of the event, and to ensure that the individual responsibilities of the administrator and OD practitioner were clear. There is a danger of each thinking the other is responsible for completing the same task!

The greatest administration difficulty was in co-ordinating diaries and the administrative arrangements across the agencies. It is likely that a single organisation will take lead responsibility for administration for all the participating organisations, but the individual assuming that responsibility must be able to access people in each organisation without encountering barriers.

Event Administrator

It is possible for anybody to take this role on but there are some essential skills and resources that they need:

- Can they spend time **during normal working hours** on the telephone contacting people?
- Do they have access to a word-processor and have the necessary skills, or reasonably free access to somebody with the necessary skills?
- Are they a “Completer-Finisher” or “Implementer” in Belbin terms?¹⁵
- Have they experience of a similar event, so that they have a “picture” of what they are trying to achieve?
- Are they able to visit the proposed venue and go through the arrangements with a manager prior to the event?
- Can they contact key people/senior managers in each of the agencies?
- Can they easily obtain contact details for all the proposed participants?
- Do they have access to the resources needed – flipcharts, photocopying facility, etc.?
- Do they have authority to make decisions concerning the event – or can they easily contact somebody who can make the appropriate decisions?

The venues used for the events that each pilot site ran ranged from a country house hotel, an outdoor activity centre, to a large function room and hospitality boxes in a football stadium. Each worked well for the group involved. The important factors were:

- Participants had exclusive use of the rooms allocated to the event, allowing issues to be freely discussed in confidence, encouraging openness and honesty. This also allowed for plenty of space and ‘break-out’ rooms for small groups to break off from the main activity, either as a structured activity within the programme, or because an issue arose that people wanted to deal with there and then.
- Each venue provided sufficient space for the main room to be laid out with small tables of 6-8 people (cabaret style), with plenty of circulation space.
- Participants felt comfortable and not “out-of-place” in the venue. Some venues may intimidate participants if it is an environment that they are not used to, this can happen both in luxury hotels or community centres in areas of high deprivation. The purpose of the venue is to provide an environment that helps everybody to feel equitable and comfortable, whether they are a member of the public or a senior manager in one of the agencies.
- The venue and room layouts facilitated free interchange between participants and encouraged the breaking down of boundaries.

¹⁵ Belbin RM. (1981) *Management Teams: Why they succeed or fail* Butterworth-Heinemann

The administrators involved in each of the pilot projects found the use of an administration checklist essential to help them to manage the complexities of the logistics. These checklists included the following items; these may act as a reminder for you to create your own local checklist.

Items to be included on the Administrator's Check-List

- Invitations to the event sent at least six weeks prior – with an RSVP
- Programme and venue details/travel directions sent out at least 1 week prior
- Special catering arrangements checked and confirmed with the venue
- "Break-out" rooms arranged
- Badges completed
- Delegate packs completed – programme, delegate list, background papers
- Sufficient Flipchart stands, charts and pens arranged
- Speakers needs checked and ordered e.g. OHP, Slide Projector
- Table plans arranged if delegates are expected to sit at a specific table
- Facilitators Briefing packs completed
- Senior managers briefing packs completed

It can be very useful for the administrator to be in attendance throughout the event to fulfil a "stage-management" role including such items as welcoming late-arrivals, ensuring coffees/lunch/teas arrive on time, maintaining the temperature at a comfortable level, doing last minute photo-copying.

FURTHER INFORMATION AND RECOMMENDED RESOURCES

- Heron J (1999) *The Complete Facilitators Handbook* Kogan Page
- Loxley A (1997) *Collaboration in Health and Welfare* Jessica Kingsley Publications
- Margulies N & Adams J (1988) *Organisational Development in Health Care Organisations* Addison-Wesley
- Pratt J, Plamping D and Gordon P *Partnership: Fit for purpose* Kings Fund
- Pratt J, Gordon P, and Plamping D (1999) *Working Whole Systems: putting theory into practice in organisations* Kings Fund
- Sainsbury Centre *Taking Your Partners: using opportunities for inter-agency partnership in mental health* (2000) The Sainsbury Centre for Mental Health
- Scottish Executive Health Department (2001) *Organisational development in the NHSIS: Recognising Roles, Skills & Capability* Organisational Development Practitioners Working Group with the Strategic Change Unit
- Smale G (1998) *Managing Change Through Innovation* The Stationery Office
- Stacey RD (1996) *Strategic Management & Organisational Dynamics* London, Pitman

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In particular – we would like to acknowledge the involvement of all Users and Carers in the workshop events.

Further information

Each of the pilot project sites is keen to share their learning with as wide an audience as possible, and to help other organisations seeking to improve partnership working. For further information please contact: Kathleen Bessos, Directorate of Human Resources, Scottish Executive Health Department, St Andrew's House, Regent Road, Edinburgh EH1 3DG Tel: 0131 244 2242

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